

2096

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index <u>133</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>226</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
or			
City of _____	(No. <u>142 East Hill, Concentration Hill</u> St. _____ Ward)		
FULL NAME OF CHILD <u>Roy Starbird</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/> <del>NO</del>	
Sex of Child <u>male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>April 9 1921</u> (Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Roy Starbird</u>		Full Maiden Name <u>Anaethy Hunter Patterson</u>	
Residence <u>Miami, Ariz.</u>		Residence <u>Miami, Ariz.</u>	
Color or Race <u>White</u>	Age at last Birthday <u>26</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>23</u> (Years)
Birthplace <u>San Francisco, California</u>		Birthplace <u>Buffalo, N.Y.</u>	
Occupation <u>Engineer (mining)</u>		Occupation <u>Housewife</u>	
Number of Child of this mother <u>1</u>	Number of children of this mother now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

11:05

I hereby certify that I attended the birth of the above child, and that it occurred on April 9 1921, at A. M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) J. J. Miller

(Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 192 \_\_\_\_\_

Address Miami, Ariz.Filed Apr 10

1921

B. W. Hardy M.D.  
LOCAL REGISTRAR.

924-409-475  
COUNTY REGISTRAR.

Filed May 7

1921

A True Copy

B. G. Lee  
COUNTY REGISTRAR.